			VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-043761
DO NOT WRITE			Registration District No. Primary Registration District No. 265 Registrar's No. 290 STATE FILE NUMBER
ON THIS STUB	AMEND	ED	EILED DEC 6 1989
vs 300	الط) i l	1. PLACE OF DEATH
Rev. 4/59			b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in lb c. CITY
			TOWN Moberly 70 years TOWN Moberly Yes 10 No 11
6887	<u> </u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 319 Wisdom Street Yes K No C
20887	DATE AMENDED		INSTITUTION 319 Wisdom Street Yes □ No ■ 319 Wisdom Street Yes □ No ■
3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
4 0			Edward L. Seibert DEATH 11/26/62
			5. SEX 6. COLOR OR RACE 7. Married M Never Merried B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 Hi Months Days Hours Min.
5 1			male white widowed 5 Divorced 6/27/91 71 Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6	§		car salesman Moberly, Missouri USA
7 0	FOLLOW		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
8 0	2		William F. Seibert Lillie Albers Mabel Seibert
	&		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service)
7201	# #	_	(Yes, no, or unknown) (If yes, give war or dates of service yes Mabel Seibert Moberly, Mo.
10 1	₹	L.	PART I. DEATH WAS CAUSED BY:
11	울	DOCUMENT	Immediate cause (a) Infarction of the Hyocardium Oct 2n
	A S S	ğ	Conditions, if any,) DUE TO (b)
	HIS KE		which gave rise to above cause (a).
13/-0		 	stating the under- lying cause last. DUE TO (c)
1	5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female with the disease condition given in PART I (a) PART III. If deceased was female with the disease condition given in PART I (a) The part III. If deceased was female with the disease condition given in PART I (a) Description of the terminal part I (b) the terminal part I (c) the terminal part I (
O.L.	<u>2</u>		Yes No Unknow
NO.	8		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO
_	בַּב		YES NO NO Month, Day, Year
_ ¥ & €	₹		INJURY a.m. p.m.
RIBBON			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 100 farm, factory, street, office bidg., etc.)
			NOT WHILE AT WORK
USE BLACH OR TYPEWRITER	READ		. 21. 1 attended the deceased from Oct 2nd - Co Nov 26th and last saw her alive on Nov 26th
# %	9		Death occurred at
USE	SHOULD	유	22a. SIGNATURE 22b. ADDRESS 22c. DATE SIGNE
	ᇰ	VIT	Thos. S. Fleming ND Moberly Missouri 11 - 50 - 6
	Ŏ.	AFFIDA	REMOVAL (Specify)
	Z S	AFF	Burial 11/30/62 Oakland Cemetery Moberly Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 22. REGISTRAR'S SIGNATUSE
	ITEM	ΒY	Million & Greer Moberly, Mo. 11-30-62 Leaker Source
1			(Licensed Embalmer's Statement on Reverse Side)

FILE OF DECIT 1965

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If this body is not embalmed, fact should be so stated above.

The party

unforested of the greaterstan

STATEMENT BY LICENSED EMBALMER

by			, Student Embalmer No
orking under my po	ersonal supervision.		1 100
udentsi	ignature of Student Embalmer	Signed	how a Green
31	greene of Stocent Embanner		Licensed Embalmer No. 3815.
tien's	.† √¦ ↑ , ·	নিন্তু ি কুং	P. O. Address Moberly , Mo.